



Supplemental Application Data Sheet

Application Information

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|---|---------------------------|
| Filing Date:: | 09/15/03 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | None |
| CD-ROM or CD-R?:: | None |
| Title:: | CATHETER BALLOONS |
| Attorney Docket Number:: | 24729-7019712001 (02-302) |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figures:: | 9 |
| Total Drawing Sheets:: | 5 |
| Small Entity:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|--------------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Applicant Authority type:: | Inventor |

| | |
|--|---------------------|
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | Gregory R. |
| Family Name:: | Eberl |
| City of Residence:: | Sunnyvale |
| State or Province of Residence:: | CA |
| Country of Residence:: | USA |
| Street of mailing address:: | 1654 Belleville Way |
| City of mailing address:: | Sunnyvale |
| Country of mailing address:: | USA |
| State or Province of mailing address:: | CA |
| Postal or Zip Code of mailing address:: | 94087 |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | Mark D. |
| Family Name:: | Forrest |
| City of Residence:: | Sunnyvale |
| State or Province of Residence:: | CA |
| Country of Residence:: | USA |

Street of mailing address:: 1055 Escalon Avenue, Apt. 212
City of mailing address:: Sunnyvale
Country of mailing address:: USA
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94085

Correspondence Information

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City of mailing address:: San Francisco
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State or Province of mailing address:: CA
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Representative Information

Representative Customer Number:: 23639

| Representative Designation:: | Registration Number:: | Name:: |
|---|------------------------------|----------------|
| Primary | 37,104 | David T. Burse |

Assignee Information

Name::

Scimed Life Systems, Inc.

Mailing address::

One Scimed Place, Maple Grove, MN 55311